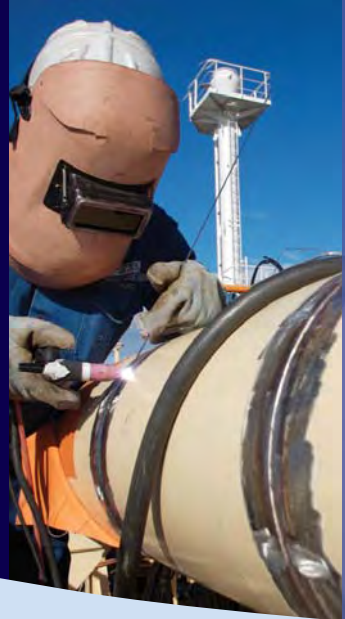




fom
Faculty of Occupational Medicine
of the Royal College of Physicians



2008

Summary Annual Report



Charitable Objects and Mission Statement

Charitable Objects of the Faculty of Occupational Medicine

The charitable objects of the Faculty are to:

- promote for the public benefit the advancement of education and knowledge in the field of occupational medicine
- act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine
- develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity

Mission Statement of the Faculty of Occupational Medicine

Our aim is for healthy working lives through:

- maximising people's opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
- elimination of preventable injury and illness caused or aggravated by work
- access for everyone to advice from a competent occupational physician as part of comprehensive occupational health and safety services

INTRODUCTION



The Faculty Board (Trustees) at the Annual General Meeting, 22 May 2008

Back row from left to right:

Julia Smedley, Martin Tohill, Ian Aston, Alastair Leckie, Geoff Denman, Peter Graham and Philip McLroy

Seated in front:

Ray Johnston, David Coggon (President) and Chris Sharp

Board members not present:

Sherwood Burge, Mike Gibson, Ian Gilmore, Ali Hashtroudi, Hugh Robertson and Andy Slovak

2008 was an important year for occupational health in the UK. In March, Dame Carol Black published her review, *Working for a healthier tomorrow*, and in November, the Government's response promised a substantial programme of activities to improve health in people of working age. This new strategic focus presents a unique opportunity to advance occupational health care nationally, and the Faculty contributed actively to the thinking behind both reports. In addition, it has taken the lead in implementing several of the initiatives that they propose, working in partnership with Government and with other professional bodies.

One important undertaking has been the development of standards and a system of voluntary accreditation for occupational health services. Specialised occupational health care in the UK is nowadays delivered by a multiplicity of providers, some working for employers "in-house", and others contracted externally. Competition for contracts can be fierce and, especially in times of economic stringency, there is a danger that quality will be sacrificed for short-term financial savings. There is thus a need for benchmarks against which providers can assess their performance and demonstrate their competence. In a project that will continue through 2009, the Faculty has brought together a multi-professional group to agree

standards and pilot methods by which providers can demonstrate compliance with those standards.

Given the many changes that are occurring in the world of work and in the organisation of occupational health services, it is crucial that the Faculty should have a clear vision of how occupational health care can best be provided for the UK population in the future. As a starting point for a strategic overview, we held a lively conference on the topic in December. Following on from that meeting, a discussion document is now being drafted for circulation to the membership. This paper will be revised in the light of comments received, and will then help to guide our activities over the next few years.

Among other things, this strategic review will have important implications for workforce planning, and in particular, the numbers of new specialist occupational physicians that we need to recruit and train. There are indications that over the last couple of years there has been a reduction in the number of training posts in the private sector, and we are monitoring this trend closely. At the same time, we are pushing to increase the profile of occupational medicine in undergraduate curricula.

Another major area of activity during 2008 was our work in collaboration with the General Medical Council, other Colleges and Faculties, and the Society of Occupational Medicine, to develop arrangements for revalidation of doctors. Our aim is for a system that provides a net benefit for the public, while being fair to practitioners. Moreover, we need to take into account the variety of circumstances in which occupational physicians are employed, and the wide range of activities that they undertake. Importantly, processes will be carefully piloted to ensure that they are workable, and they will be refined in response to the lessons learned.

These are just a few highlights of what again has been a busy and productive year for the Faculty. Further details of our activities, and of our objectives for 2009, are set out in the body of this report.

David Coggon
President

PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

FIT-FOR-WORK SERVICES

One of the major proposals that was accepted in the Government's response to the Black review was for the piloting of area-based Fit-for-Work services. The Faculty strongly supports this initiative, and the President has lobbied the Department of Health robustly about the need to ensure that the pilot services are properly evaluated.

TRAINING FOR GENERAL PRACTITIONERS

The Black review also identified a need for better understanding of work and health in primary care. Specialised occupational health services cover only a minority of the working population and, at least in the short term, advice on work and health for the remainder will come mainly from general practice. To meet this need, GPs need appropriate training, and the Faculty has worked with the Royal College of General Practitioners (RCGP) to develop a syllabus and electronic learning materials for use by academic centres. In addition, we have applied for support in constructing a web-based platform so that the material can be accessed on-line as part of GPs' continuing professional development. We have also liaised with the RCGP to ensure that input on work and health is included in the training curriculum for new GPs.

WORK WITH OTHER PROFESSIONAL BODIES

The Black review highlighted a need for better co-ordination between the various professions concerned with work and health, and in response we have joined with other professional bodies in a group that will organise shared activities. Based on our proposals, the group has agreed a set of initial projects, each with clearly defined, achievable and worthwhile outputs. They include oversight for our ongoing work on standards and clinical effectiveness, development of guidance for employers and the public on the meaning of professional qualifications and competencies, sharing of elements in training curricula, and a review of professional resources and workforce planning.

CLINICAL EFFECTIVENESS

The standards that we are developing for occupational health services will, among other things, address the compatibility of practice with evidence-based clinical guidelines and participation in audit. Crucial to this is the work of the Occupational Health Clinical Effectiveness Unit (OHCEU), a joint venture between the Faculty and our parent College. During 2008, OHCEU substantially progressed two new evidence-based clinical guidelines (on dermatitis and upper limb disorders) and conducted multi-centre audits on

the management of back pain and screening for depression in occupational health settings. These guidelines and audits will be published in 2009.

ENVIRONMENTAL MEDICINE

Beyond its focus on the health of workers, the Faculty is concerned also with the impact of industrial processes and products on the health of the public more generally. In this respect, we are one of several Colleges and Faculties that has a special interest in environmental medicine. To explore whether more could be done to promote standards in this area of practice, the Faculty is convening a workshop that will be attended by representatives from the relevant Colleges and Faculties and by senior practitioners in environmental medicine.

ACADEMY OF MEDICAL ROYAL COLLEGES

Throughout 2008, we continued to contribute actively to the work of the Academy of Medical Royal Colleges, particularly on matters relating to training and revalidation.

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE AND HEALTH

The Faculty continues to support the Academic Forum of Occupational Medicine and Health, which it established in 2006 and which is chaired by Professor Mansel Aylward. Although supported by the Faculty, this is an independent body comprising a multidisciplinary membership. In 2008 the Forum's work has included: making a case to the Government about the importance of research in occupational medicine; the impact of the Research Assessment Exercise on occupational medicine and health; and supporting occupational medicine trainees in writing their dissertations.

IMPROVING THE HEALTH OF THE NHS WORKFORCE

In early 2008, the Faculty, in conjunction with the Director-General of the NHS Workforce, established an expert group to consider how the health of the NHS workforce might be improved. This group considered existing evidence and the need for further evidence and action. The outcome was a series of recommendations and it is anticipated that the work of this group will now be taken up as part of a major Government review.

CONFERENCES

As well as the Annual Scientific Meeting in May, the Faculty ran a conference in December entitled: *How should occupational health be delivered in the 21st century?* Following on from this, the Faculty will be producing a discussion paper, with a view to progressing this debate and developing clear Faculty recommendations.



MEDICAL UNDERGRADUATES

The POHMS (Promoting occupational health in medical schools) project has concentrated on establishing the network of champions or facilitators who will encourage and support medical schools in teaching about occupational medicine and health and the links between health and work. The bank of training materials on the Faculty website continues to be accessed, with around 1700 visits per month.

LINKS WITH OTHER ORGANISATIONS

There has been close working with the Departments for Work and Pensions and of Health on a number of fronts, as is indicated elsewhere in this report. The new Chief Medical Adviser of the Health and Safety Executive has been invited to address the 2009 Annual Scientific Meeting and the Board has discussed how it might work more effectively with the Confederation of British Industry and Trades Union Congress. The Faculty co-operates with the Society of Occupational Medicine, including on joint responses to consultation documents. And the Faculty has approached the chief medical officers of a number of large companies, with a view to discussing the delivery of occupational health services in those organisations and how they and the Faculty might usefully liaise.



OBJECTIVES FOR 2008:

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Progress work on occupational health awareness for GPs and other specialists
- Develop the Faculty's vision of how occupational health services can best be delivered at primary care level
- Seek opportunities to promote the specialty to medical undergraduates
- Create a section on the website with profiles of occupational physicians, to promote occupational medicine to undergraduates
- Email medical students, through medical schools, to bring occupational medicine as a career to their attention
- Promote and develop the new bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing educational and good practice work with colleagues overseas
- Seek to publish articles to promote occupational health awareness
- Seek opportunities for continued joint working with the Society of Occupational Medicine
- Improve links with Confederation of British Industry, Trades Union Congress, Health and Safety Executive, Department of Health and Department for Work and Pensions
- Liaise with chief medical officers of major companies to improve links between the specialty and industry
- Re-design website with improved information for the public, employers and employees, as well as members
- Seek to improve communications and increase coverage
- Work with others to develop standards and a system of voluntary accreditation for occupational health providers

IMPACT:

- Although there has been ongoing work with medical schools, the emailing to medical students through medical schools and the website profiles are still being developed
- The re-design of the website was conditional on funding, which was unavailable in 2008, but it is hoped that it will be possible to progress this in 2009
- It did not prove possible to undertake any specific projects with overseas colleagues in 2008
- However, with these exceptions, all objectives were met

EDUCATION AND TRAINING

ASSESSMENTS AND SPECIALIST TRAINING

2007 was a 'big bang' year for education and training, in which a new curriculum and revised assessment methods for higher specialist training were negotiated with the Postgraduate Medical Education and Training Board (PMETB). By contrast, 2008 was a year of consolidation and implementation.

Plans had been laid for one centrally administered examination (AFOM – Associateship of the Faculty of Occupational Medicine) to be replaced by a two-part Membership examination; for the introduction of new on-the-job assessments of trainees' performance; and for revised procedures for assessing trainees' research dissertations. In the first quarter enabling changes were made to the Membership Regulations. These laid out the detail of the new framework while preserving the grandfather rights of old curriculum trainees to complete the programme on which they had embarked.

The first sitting of the new Part 1 MFOM (Membership of the Faculty of Occupational Medicine) examination in May 2008 went smoothly. To simplify implementation, the examination was based on the MCQ (multiple choice question) element of the well-established Diploma in Occupational Medicine for generalists and took place in the same sitting as for the Diploma.

Advice was posted in April on changes to the administration of the dissertation; and behind the scenes revised guidelines and pro-formas were prepared for assessors, and generous support secured from the Faculty's Academic Forum to provide an expert pool of research-experienced assessors. Changes to the rules had several motivations: to reduce delays; to optimise the timing of the dissertation within the training programme (many trainees were preparing too late); and to extend the range of eligible material. In 2009 the Faculty will be considering how the objectives of the dissertation can be audited in practice. In addition, with the help of the Forum, the Faculty will lay on at least one training workshop to aid trainees and their educational supervisors in their preparations.

A major task for 2009 will be to develop the Part 2 MFOM examination in anticipation of its 2010 launch. The new examination will be based in terms of learning content on the existing AFOM examination, and will assess a similar range of factual information and competencies; but the assessment methods will be refined to improve the

reliability and relevance of the examination. In 2008 the AFOM examination committee laid the ground by developing a competency/subject matrix (to ensure syllabus coverage) and a question bank of MCQs.

Further infill work will also be required in relation to workplace-based assessments (WBAs). These locally conducted on-the-job assessments of trainee performance were introduced in 2008 with the aim of formalising previous ad hoc arrangements for trainer-trainee interaction and feedback. Familiarisation workshops were staged in January in Manchester and in September in Scotland. And the Faculty appointed its first ever pool of external assessors in WBAs to assist with quality assurance checks. The role of external assessor will be formally tried out in 2009. In the meantime there are encouraging signs that the new system is bedding in. The Faculty views WBAs as formative tools with added educational value, and feedback to date suggests that stakeholders tend to share this perception.

The changes to specialist training, introduced in 2007 and planned through to 2010, are by any standards extensive. As details have been elaborated a stakeholders' information campaign has been staged covering newsletter items, web-based information sheets, revised guidance, occasional workshops, briefings to Regional Specialty Advisers and a thoroughly updated Specialty Training Handbook.

EXTERNAL RELATIONS

Several of the new arrangements for specialist training were necessitated in part by outside forces. One special challenge for a small specialty lies in managing external stakeholder expectations.

Outwith occupational medicine the fallout of the Medical Training Application Service (MTAS) continues to be felt, as does a relentless pressure for change. A symptom of this is that the *Gold Guide* (the Department of Health (DH) bible on how specialist training should operate), which replaced the long-serving *Orange Guide* in 2007, is to be revised annually going forwards. RITA/ARCP (Record of in-training assessment/Annual review of competence progress) panellists in some specialties may therefore come to assess trainees under three or four sets of different rules, explained in several different training handbooks. Other symptoms include Academy of Medical Royal College proposals for new PMETB-approved generic curricula in medical management, good medical practice and health inequalities, and for a new post-F2 (Foundation Year 2) selection examination; and revised rules for run-through training.

The Faculty, with relatively few helpers to share an ever burgeoning workload, has eschewed this complexity with its potential for confusion and mishap. Our strategy is to monitor developments but to make only those changes that are strictly essential or which represent a major return on invested effort; and to allow sufficient time for the substantial changes of 2007 to bed in. For example, the 2007 curriculum (which already covers medical management and good medical practice), is unlikely to change, and short-term revision of the 150-page Specialty Training Handbook is not envisaged.

In 2008 the PMETB introduced a new mandatory annual return for Colleges and Faculties, enabling those seeking change to report minor amendments to their curricula and assessment schemes and to bid for major amendments. The Faculty submitted its return in October but sought no major changes.

A second report required by the PMETB was submitted in November. This set out the Faculty's forward plan to comply with five PMETB assessment standards, covering such issues as the choice and testing of assessment methods, the training of examiners, record keeping, lay involvement in standards, and supporting resources. The Faculty is compliant already in many of the key areas, but infill work is envisaged to evaluate new assessment tools.

At the deanery level, the last couple of years have witnessed the founding of schools of occupational medicine, directly or within the aegis of wider public health or medical configurations. The Faculty has contributed directly to the process when invited, and otherwise through the influence of its senior regional representatives. NHS recruitment into the specialty in 2008 followed a centralised approach, according to an MMC-initiated (Modernising Medical Careers) model. However, stakeholders perceived arrangements as cumbersome and inflexible and the Faculty lobbied successfully to restore the former arrangement of local recruitment.

TRAINING IN PRIMARY CARE

As referred to elsewhere, 2008 saw the publication of the Black review with its many ramifications. One that bears on education and training was a more sustained effort by the Faculty, in concert with key stakeholders, to improve the knowledge and confidence of GPs in handling health, work and well-being issues. During the year a steering group, led by the Faculty and with representation from the Royal College of General Practitioners (RCGP) and financial support from the Department for Work and Pensions (DWP), developed a free introductory training package for primary care. The Faculty and RCGP have jointly bid to the DH for resource to launch the package online, with the intention of integrating it with the various web-based learning opportunities offered by the RCGP. The work will be taken forwards in 2009. The Faculty is also in discussion with the Society of Occupational Medicine, the RCGP and the DWP about related initiatives, including a putative learning portal and discussion forum on health, work and well-being for GPs.



Much work remains to be done on the education and training front. 2009 and 2010 will be active periods, liable to influence the delivery of specialist training over the next decade and also the support given to generalist colleagues. The Faculty benefitted enormously from the wholehearted support of its members and staff in 2008. We welcome their continuing assistance in 2009, and we encourage any new volunteers from the membership to contact us and share in the effort.

Further details of the Faculty's Education and Training programme can be found on the Faculty website at: www.facocmed.ac.uk/edtrain/index.jsp.

OBJECTIVES FOR 2008:

- Effect a smooth implementation of the new curriculum
- Develop new Faculty specialist examinations and prepare for their administration
- Revise the arrangements for the dissertation
- Apprise, prepare and support Regional Specialty Advisers
- Develop and maintain excellent communication links with deanery specialist training committees
- Maintain good communication links with PMETB, MMC and the Academy of Medical Royal Colleges' Specialty Training Committee
- Revise and distribute the specialty training handbook and prepare trainers for the new training arrangements
- Develop educational and competency frameworks in occupational health for GPs at various levels
- Rewrite the Membership regulations
- Launch the new model of HAVS (Hand Arm Vibration Syndrome) assessment and attendant changes
- Encourage subsidy for specialist training undertaken in non-NHS posts

IMPACT:

- All of the objectives except the last two have been met
- The Faculty still hopes in light of the Black review that there may be DH support for specialist training outwith NHS posts, but this is not yet confirmed

PROFESSIONAL DEVELOPMENT AND STANDARDS



PARTICIPATION IN THE FACULTY'S CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SCHEME

In 2007 there were 459 returns submitted under the Faculty's CPD scheme. There were 435 in 2006, representing a 5.5% increase in total returns which continues the rising trend seen in recent years:

2001	2002	2003	2004	2005	2006	2007
257	292	340	368	416	435	459

However, of the 459 only 400 were from Members or Fellows working in the UK which represents 67% of the possible 594 and is a disappointing fall from 74% in 2006 and 71% in 2005. It is unlikely that all of the remaining 194 do not intend to revalidate; those who do are creating additional complications that they will have to resolve with a Responsible Officer in due course. A Responsible Officer will be a senior doctor within a healthcare organisation with a specific responsibility for those aspects of clinical governance linking to medical revalidation. Since many occupational physicians do not work within healthcare organisations, the Faculty is planning to establish a small team of Responsible Officers who can provide this service to such doctors.

REVALIDATION

Revalidation will affect all doctors who wish to retain a licence to practise beyond October 2009. There have been several key publications and consultations in the last year from the Chief Medical Officer and the General Medical Council, which the Faculty has contributed to where appropriate. It is also a contributor to the work being done through the Academy of Medical Royal Colleges on the role of Colleges and Faculties in developing standards for revalidation, and the Academy is funding some of the work strands; it is hoped that this will include an electronic CPD diary. A copy of the Faculty's *Standards for Revalidation in Occupational Medicine* is available on the website and has attracted a significant degree of comment, most of it very positive. More detail is available on the Faculty website at:

<http://www.facocmed.ac.uk/cpd/reval.jsp>.



OBJECTIVES FOR 2008:

- Increase participation in CPD
- Encourage members to recognise that CPD participation is becoming a mandatory, not a voluntary, activity
- Monitor developments in relation to recertification, for purposes of revalidation
- Use information from CPD 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine (SOM) and Royal Society of Medicine (RSM) Occupational Medicine Section
- Run an Annual Scientific Meeting and one other conference
- Produce new or updated guidance as appropriate
- Consider the need for a Clinical Governance Committee
- Consider how best to secure the long term future of the Occupational Health Clinical Effectiveness Unit
- Respond to consultation documents, and contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)

IMPACT:

- Overall participation in CPD has increased though not in the Fellows/Members in current UK practice
- The message about CPD, particularly in relation to revalidation, has been emphasised in presentations, direct communications to members and on the website
- The Faculty has been actively involved in developments in revalidation
- The Faculty and RSM are represented on the SOM Education Panel to provide input on CPD events
- The Annual Scientific Meeting was held in May and a conference on the delivery of occupational health was held in December
- A draft version of *Good Occupational Medicine Practice* was placed on the website and members invited to comment
- A Clinical Governance Committee was not deemed to be necessary at this stage
- The Faculty worked with the Royal College of Physicians and the Occupational Health Clinical Effectiveness Unit to promote and promulgate the work of the unit
- A number of consultation documents were responded to, including:
 - o Dame Carol Black's review *Working for a healthier tomorrow*
 - o Royal College of General Practitioners' consultation: *A Review of GP specialty training*
 - o General Medical Council consultation: *Guidance for doctors on confidentiality (a review of Confidentiality: protecting and providing information (2004))*
 - o General Medical Council consultation: *The translation of 'Good Medical Practice' into a framework for appraisal and assessment*

MEMBERSHIP



Occupational health is experiencing a high profile and occupational physicians are much in demand. Occupational medicine is a relatively small specialty in the UK, with fewer than 1000 working occupational physicians, and so the Faculty sees it as part of its remit to grow the specialty, as well as to spread knowledge and awareness more widely about occupational health. With regard to growing the specialty, the Faculty now exhibits regularly at careers fairs and is also working to encourage the teaching of occupational health in medical schools. In 2008, we exhibited at the National Exhibition Centre, Birmingham, in February and at the London BMJ Careers Fair in October; members also used the Faculty exhibition at local venues including Sheffield and Leeds Universities and the Royal Society of Medicine.

With regard to the Faculty's membership criteria, many members have argued that it is inappropriate that doctors who trained outside the UK and yet who are registered as occupational medicine specialists in the UK with the General Medical Council, are only able to affiliate to the Faculty, under current Standing Orders. At the Annual General Meeting in May 2008, the membership agreed that Membership *ad eundem* should be offered to such occupational physicians. The application process is currently being finalised.

That having been said, the Faculty's membership remains steady at around 1700, including just over 600 working-age specialists and over 300 working-age Associate members.

This static membership is a matter of concern to the Board and it plans to devote the 2009 away day to addressing this.

2008 was the third year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf Howe, who died in 2003. The third Wilf Howe Memorial Prize for innovative practice, was awarded to Professor David Koh for his work on implementing and evaluating a successful condom promotion intervention project for brothel-based sex workers in Singapore. Our thanks are due to Mrs Lyn Howe for her committed support of this prize.

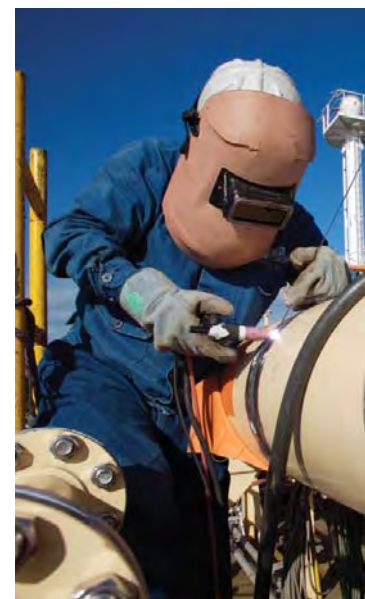
OBJECTIVES FOR 2008:

- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating diplomates
- Make approaches to other occupational health professions
- Consider feasibility of environmental medicine conference or other project

IMPACT:

- The decision to renew the exhibition materials was revisited, and it was decided that renewal in 2008 was not necessary
- Also, no specific work was undertaken to consider how to improve services to affiliating diplomates
- However, with these two exceptions, all objectives were met

GOVERNANCE, RESOURCES AND INTERNAL MATTERS



The Faculty was successful in making a number of applications for finance and agreements which have resulted in some important pieces of work being funded. This has included the project to create health and work training materials for GPs and the work to promote occupational health in medical schools – both supported by the Department for Work and Pensions. The Department of Health gave financial support for the initial stages of the work to develop standards for occupational health services and also for the project concerned with improving the health of the NHS workforce. The Faculty is still hopeful of a grant from the Department of Health, to support its work on curriculum implementation and on promoting the specialty.

OBJECTIVES FOR 2008:

- Seek funding from new sources in order to be able to expand staffing to meet new demands
- Draw up premises plan for 2010 when lease terminates
- Make changes to Standing Orders and Governance Regulations to reflect agreed changes and to ensure consistency
- Create new corporate image
- Actively market publications and examinations
- Review staff roles and workloads

IMPACT:

- A number of new funding streams were established
- The Faculty has been in discussion about premises with the Royal College of Physicians (detailed in the Finance Review)
- The Standing Orders were updated
- A new corporate image was agreed and implemented
- Publications were actively marketed, although work on marketing examinations has still to be undertaken
- A major review of staffing roles and structures was instigated

FINANCE REVIEW

The information in this 2008 Review is extracted from the full Financial Statement audited by Kingston Smith. A brief description of the categories of Faculty funds is given below.

General Funds are resources that are received and applied to the general objectives of the Faculty; they do not have any specific conditions attached to their use. Designated Funds are funds that the Faculty has earmarked out of unrestricted funds but which can be transferred back to General Funds if the Faculty decides to do so. Restricted Funds are given to the Faculty for specific purposes and must be used solely for those purposes.

POLICY ON INVESTMENTS

In 2000 the Trustees designated the amounts equivalent to the value of the investment portfolio and the related accrued income, as a capital fund. This capital reserve is invested for capital growth on a medium risk basis with the intention of allowing appropriate provision to be made for the cost of accommodation, once the current generous arrangements from the Royal College of Physicians terminate in 2010.

Last year the Treasurer was pleased to report a healthy position for the Faculty with an increase in total assets to £885,279. This year the situation is predictably less rosy given the current financial climate. The Faculty's assets at the end of 2008 were £862,529 which represents an "apparent loss" of £22,750 on the year.

This loss is entirely explained by the losses on our investments of 86,851 units in Schoders Charity Equity Fund which fell from 465.70p to 365.50p in the year. The fund which invests in all commodities in fact continued to hold up quite well in a difficult environment, the 24.3% drop in value out-performing the FTSE All Share Index which fell 33%. The view in October 2008, and maintained now, is that whilst the outlook for the next 6-12 months may be poor and that markets will remain volatile, this risk is outweighed by the value and potential opportunity that exists on a three to five year timescale. Unfortunately for the Faculty these investments were set aside to assist us towards the end of 2010 - a date midway in these timescales. However we are optimistic that at the same time as the value of our investments has reduced that potential property costs will also have fallen!

In any event, following the April 2009 meeting of the Treasurers of the Royal Colleges and Faculties (where an agenda item tabled is consideration of "maximising investment opportunities with

minimised risk to capital") the Treasurer will present to the Trustees a proposal for our investments over the next eighteen months to dovetail with our property plans. In the meantime we are pleased to say that the College has reassured us that as they actively seek new property in the locality the needs of the Faculty (and indeed the Society of Occupational Medicine and other parties) are not forgotten and that it seems likely that this optimism with regard to increased choice and reduced costs of suitable property may be well founded.

GENERAL FUNDS

Investments aside, a healthy operational profit was generated on a general budget of around £800,000. In the event, we are pleased to report a surplus of £87,606 of incoming over expended resource.

The surplus has been achieved primarily by an increase in qualification and training income and despite anticipated associated increased costs. These costs have been contained through the efforts of the Faculty staff, Trustees and members. It should be noted that staff costs did not increase in 2008 and that in the end we did not use the proportion of the 2007 surplus allocated for a new staff member planned to begin the essential planning and co-ordination of this area of our 2008 activities. The Faculty has, however, with paid external assistance, reviewed staff activity and it is confirmed that alternative arrangements are likely to be needed in the future. On this note we are pleased to say that the grant we applied for from the Department of Health to support such essential work is being met with a most positive response.

The Trustees wish to express their gratitude for the significant amount of work members contributed without any remuneration or benefit during the year. There is an awareness of the need to limit expenses and it is noteworthy that this year the expenses for 15 Trustees amounted to only £2,682.

In 2008 our targeted approach, which costs extra time and money, to those whose subscription payments are late has been less successful than of late with a reduction in collection rates. To this end consideration will be given to the application of a surcharge to late payments as some of the other Colleges and Faculties do and which is an approach which would be consistent with our charge for late Continuing Professional Development submissions.

RESERVES POLICY

The policy of the Trustees is to accumulate a free reserve equivalent to six months expenditure. The reserve will allow unexpected circumstances to be faced without the risk of financial ruin.



At 31 December 2008, the Faculty's total reserves stood at £862,529. Of the total reserves, £327,441 is in the designated fund set aside to fund new premises arrangements and £149,724 is in restricted funds. The remainder, that is the Faculty's free reserves, therefore stood at £385,364. The Faculty has budgeted in general funds for expenditure in 2009 of £774,778 which means that its free reserves currently constitute no more than 6 months running costs. The Faculty cannot therefore be complacent and still needs to continue to build on its free reserves to maintain the six months expenditure as set out in the reserves policy.

BUDGET 2009

In line with our work plans for 2009, the Board has agreed a very small surplus balance on general funds. The Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans. In the meantime the Trustees remain cautiously confident that the strategic aims of the Faculty are being matched by appropriate levels of funding.

Finally, the Trustees wish to thank the staff, Nicky Coates and Frances Quinn in the Faculty office, for their unremitting efforts throughout the year, together with the sponsors and supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

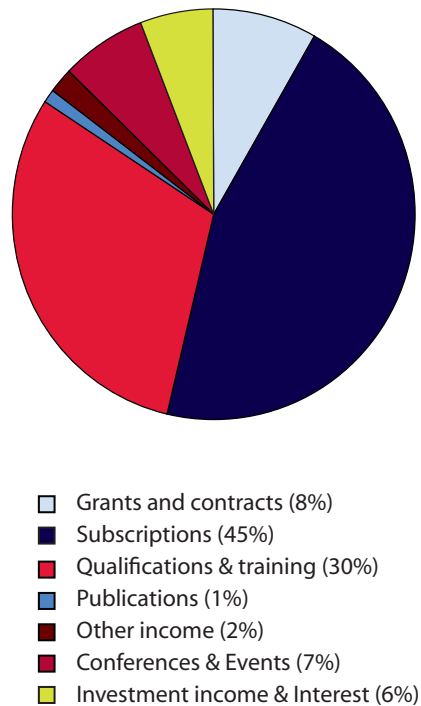
SPONSORSHIP AND GRANTS

The last year had been increasingly difficult, as we all know, for all enterprises and the immediate future is set to be very challenging! The majority of businesses had anticipated some downturn and budgets were under very close scrutiny. Consequently, the Faculty's needs did not necessarily score high on the discretionary spends of our potential sponsors. Fortunately, 2008 was not a "high" spend year for the Faculty. However, we were able to obtain some very limited sponsorship, as well as some grants, and we are very grateful to the organisations below for providing support to projects despite the situation.

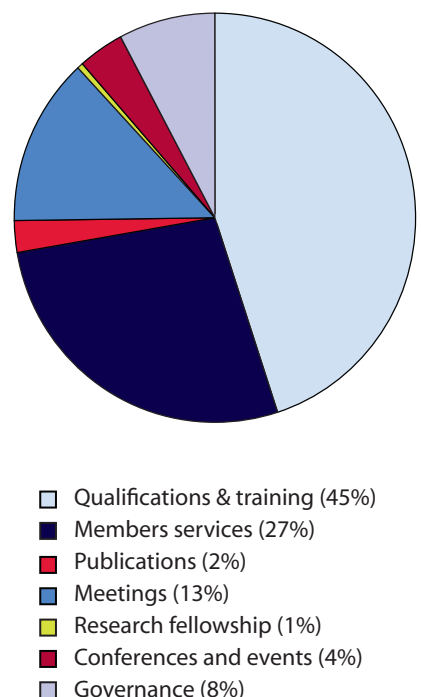
Academy of Medical Royal Colleges
 Capita Health Solutions
 Department of Health
 Department for Work and Pensions
 UNUM

On a very positive note for 2009, several organisations have committed to support us for the 30 year celebration at the House of Lords and for other work in the year.

INCOME £781,124



EXPENDITURE £697,504



OBJECTIVES 2009

PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Continue work on occupational health awareness for GPs and other specialists
- Develop the Faculty's vision of how occupational health care can best be delivered at national level
- Continue to work with multidisciplinary groups to improve the health of the NHS workforce
- Seek opportunities to promote the specialty to medical undergraduates, including: emailing medical students, through medical schools, to draw to their attention occupational medicine as a career; developing website profiles of occupational physicians; and developing the new bank of training materials in occupational health
- Seek to publish articles to promote occupational health awareness
- Seek opportunities for continued joint working with the Society of Occupational Medicine
- Improve links with the Confederation of British Industry, Trades Union Congress, Health and Safety Executive, Health Protection Agency, Department of Health, Department for Work and Pensions, the Postgraduate Medical Education and Training Board (PMETB) and other Colleges and Faculties
- Liaise with chief medical officers of major companies to improve links between the specialty and industry
- Re-design website with improved information for the public, employers and employees, as well as members, subject to funding. If such funding is not available, undertake a limited website review
- Seek to improve communications and increase press coverage
- Complete project to develop standards and a system of voluntary accreditation for occupational health providers; plan and implement the next steps eg promulgating standards and promoting accreditation
- Explore the scope for further collaboration with occupational medicine institutions in Europe

EDUCATION AND TRAINING

- Effect a smooth implementation of the new curriculum
- Develop and pilot the part 2 Membership (specialist) examination and prepare for its administration (to include OSPE (Objective Structured Practical Examination) training for examiners and developing question banks for each examination component)
- Implement, review and audit revised arrangements for the dissertation
- Offer at least one training event to assist trainees preparing for the dissertation; develop resource information that would help them (eg, a list of Members prepared to be academic advisers)
- Regional Specialty Advisers (RSAs):
 - Continue to improve the support to RSAs
 - Seek ways of making the RSA appointments more 'attractive' to encourage more applicants when posts become vacant and to develop future RSAs
 - Clarify the RSA relationship with regional deaneries
- Regional deaneries:
 - Continue the drive to ensure that occupational medicine is represented appropriately within regional deaneries
 - Improve communication (both ways) between deaneries and the Faculty
 - Improve the communication and links with deanery occupational medicine Specialty Training Committees
- Maintain good communication links with PMETB, Managing Medical Careers and the Academy of Medical Royal Colleges Specialty Training Sub-Committee

EDUCATION AND TRAINING (continued)

- Continue to develop appropriate recruitment and selection strategies that are tailored for occupational medicine applicants
- Ensure the new model of the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly
- Promote the educational and competency frameworks in occupational health for GPs developed in 2008 and consider opportunities for other work with GPs at various levels
- Undertake the necessary development work to comply with PMETB training standards 8, 10, 12, 13 and 16
- Pilot the role of external assessors in workplace-based assessments (WBAs) and begin to evaluate WBA tools
- For Trainers/Educational Supervisors, continue to develop, publicise and support the training arrangements for the new curriculum
- Support the Academic Forum for Occupational Medicine and Health
- Run an Annual Scientific Meeting, and two other conferences, with a view to one being run in Scotland
- Consider how to enhance connections with environmental medicine through, eg a conference, support/services for doctors in environmental medicine

PROFESSIONAL DEVELOPMENT AND STANDARDS

- Actively participate in developing revalidation through the work of the Academy of Medical Royal Colleges Revalidation Development Group and its various working groups
- Take up opportunities for funding from the Academy for Continuing Professional Development (CPD) and revalidation
- Develop a model for revalidation in occupational medicine that minimises the additional bureaucracy and cost to members whilst being sufficiently robust to satisfy the requirements of patients, members and the General Medical Council (GMC)
- Introduce an on-line CPD diary that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel to the current paper-based system to give members a choice, but with the aim of migrating to an on-line only system within a few years
- Audit all CPD returns on a rolling 5 year basis (replacing the current random audit)
- Develop standards for revalidation in occupational medicine based on the GMC's generic framework, which will be incorporated into a GMC book on specialty standards for revalidation
- Develop materials for workplace-based assessments for potential use in revalidation
- Develop proposals to pilot revalidation for Faculty members, as appropriate
- Work with other Colleges/Faculties to develop existing tools for workplace based-assessments to use in revalidation where required
- Develop a scheme for providing a Responsible Officer function for members working outside a designated managed organisation
- Encourage members to participate in appraisal and CPD by providing regular updates on developments in revalidation
- Publicise the availability of CPD scheme on request to non-members

MEMBERSHIP

- Attend at least one medical careers fair
- Review ways of improving services to affiliating diplomates
- Post on website summaries of proceedings of the Board
- Ensure that Faculty activities fully embrace all four UK countries
- Explore the scope for a joint meeting in Northern Ireland with the occupational medicine group/health community in Ireland
- Board members to take opportunities to seek feedback from members on Faculty services

GOVERNANCE, RESOURCES AND INTERNAL MATTERS

- Seek funding from new sources in order to be able to expand staffing to meet new demands, with a view to improving office efficiency
- Implement outcome of review staff roles and workloads
- Draw up premises plan for 2010 when lease terminates
- Actively market publications and examinations

This document is a summary version of the Trustees' report, together with financial information extracted from the full annual accounts for the year, which have been audited and given an unqualified opinion. The full annual accounts, Trustees' report and auditors' report appear in the Trustees' annual report and accounts 2008, which is available only on the web, at www.facocmed.ac.uk.

The web report includes the following additional information, which does not itself form part of the Trustees' report: full lists of Faculty committees; reports from constituency elected Trustees and representatives on other bodies; comprehensive information on the awards of Fellowship, Membership, Associateship, the Diplomas in Occupational Medicine, Aviation Medicine and Disability Assessment Medicine; and the prize winners for 2008.

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6 St Andrews Place, Regent's Park, London NW1 4LB
Telephone: 020 7317 5890
Fax: 020 7317 5899
Website: www.facocmed.ac.uk
Email: FOM@facocmed.ac.uk

Charity Commission No 1035415
Scottish Charity No SC040060
VAT Registration No 798 6604 62